

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No.

42420

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. 10690			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 3 yrs 3 mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2139			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary				d. STREET ADDRESS (If rural, give location) 5800 Arsenal St					
3. NAME OF DECEASED (Type or Print) Sebrom,		a. (First)		b. (Middle)		c. (Last) Jackson			
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH May, 15, 1866			
10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) ret		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 84		4. DATE OF DEATH Nov 15 50			
11. BIRTHPLACE (State or foreign country) Atlanta, Ga.				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME ? Jackson		13b. MOTHER'S MAIDEN NAME Recie Erving		14. NAME OF HUSBAND OR WIFE Eliza Bostick					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Organic brain disease with psychosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1947 plus- Generalized DUE TO (c) arteriosclerosis - 1947 plus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR? 4343			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from July 31, 1919 , to Nov, 15, 19 50 , that I last saw the deceased alive on Nov. 15, 19 50 , and that death occurred at 8:55a m. , from the causes and on the date stated above.									
23a. SIGNATURE Palmer Bostick Bostick				23b. ADDRESS 5800 Arsenal St		23c. DATE SIGNED 11-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6 NOV 15 1950		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. NOV 15 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.		ADDRESS 4101 Manchester Ave. St. Louis 10, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

St. Louis 10, Mo.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Students of College of Mortuary Science

working under my personal supervision.

Student Embalmer No.....

Signed.....

James H. Lemmers

Signed.....
Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.